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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| | PTO/SB/82 (09-04 | | |
|------------------------|-------------------|--|--|
| Application Number | 10/722,820 | | |
| Filing Date | November 25, 2003 | | |
| First Named Inventor | Ames, Bruce N. | | |
| Art Unit . | | | |
| Examiner Name | | | |
| Attorney Docket Number | 18941H-003830US | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
|---|-----------------------|----------------------|--------|--|--|
| A Power of Attorney is submitted herew | /ith. | | | | |
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| I hereby appoint the practitioners associated with the Customer Number: 20350 | | | | | |
| Please change the correspondence a | ddress for the above- | identified applicati | on to: | | |
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| Telephone | Fa | ax . | · | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature Carold - | | J. Co or Record | | | |
| Name Carol Mimura, Ph.D. | 1 Mimura, Ph.D. | | | | |
| Date 3/23/05 | Telephone | 510-643-7201 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| *Total of forms are submitted. | | | | | |

| STATEMENT UNDER 37 CFR 3.73(b) |
|---|
| Applicant/Patent Owner: AMES and ATAMNA |
| Application No./Patent No.: 10/722,820 Filed/Issue Date: November 25, 2003 |
| Entitled: PRIMARY N-HYDROXYLAMINES |
| |
| The Regents of the University of California , a California corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) |
| states that it is: |
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| 2. an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is% |
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| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. |
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| Signature Date |
| Carol Mimura, Ph.D. 510-643-7201 Printed or Typed Name Telephone Number |
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| Director, Office of Technology Licensing Title |